

Youth Friendly Primary Care

Self-Assessment Tool

This assessment tool has been developed to assist primary care in improving access for young people (aged 10-24 years) to youth friendly services. Young people are most often physically healthy; however they have complex and specific health needs. “The majority of health problems encountered by youth are psycho-social – a consequence of health risk behaviour, mental health problems and exposure to social and environmental risk factors”¹.

Primary care is in an ideal position to provide comprehensive care for young people, with the majority of secondary school students in New Zealand having accessed healthcare from a family doctor, medical clinic or GP in the last 12 months. Unfortunately approximately one third of these students were offered the chance to talk in private with the health professional they saw, and less than half were assured of the details remaining confidential². The World Health Organisation (WHO) advocates for youth friendly healthcare services that are equitable, accessible, acceptable, appropriate, and effective. Privacy and confidentiality are significant components of youth friendly care³.

This tool builds on and incorporates aspects of national and international instruments that are available via the following publications:

- Chown, P., Kang, M., Sancu, L., Newnham, V., Bennett, D.L. (2008). *Adolescent Health: Enhancing the skills of General Practitioners in caring for young people from culturally diverse backgrounds, GP Resource Kit 2nd Edition*. NSW Centre for the Advancement of Adolescent Health and Transcultural Mental Health Centre, Sydney.
- Department of Health. (2011). *You're Welcome - Quality Criteria for young people friendly health services*. <https://www.gov.uk/government/publications/self-review-tool-for-quality-criteria-for-young-people-friendly-health-services>
- Ministry of Health. (2014). *Youth Health Care in Secondary Schools: A framework for continuous quality improvement*. Wellington: Ministry of Health.
- Northern Regional Alliance He Hononga o te Raki. (2016). *Standards for quality care for adolescents and young adults in secondary or tertiary care*. Northern Youth Network.
- The Collaborative for Research and Training in Youth Health and Development Trust. (2011). *Youth Health - Enhancing the skills of Primary Care Practitioners in caring for all young New Zealanders - A Resource Manual* <http://collaborative.org.nz/index.php?page=youth-health-resource-manual>
- Youth Health Services Alliance. (2016). RNZCGP endorsed Audit of Medical Practice activity: Developmentally appropriate healthcare for Youth.

¹ The Collaborative for Research and Training in Youth Health and Development Trust. (2011). *Youth Health: Enhancing the skills of Primary Care Practitioners in caring for all young New Zealanders*. Christchurch: Author.

² Macleod G, Papa D, Denny S, Winnard D. (2014). *Young people's health in Counties Manukau: a profile of aspects of aspects of young people's health in Counties Manukau*. Auckland: Counties Manukau Health.

³ World Health Organisation. (2012). *Making health services adolescent friendly: developing national quality standards for adolescent friendly health services*. Geneva: Author.

This tool aligns with the WHO Global Standards for quality health care services for adolescents⁴, these standards are shown below.

WHO Global standards for Quality Health Services for Adolescents	
Standard 1 Adolescent Health Literacy	The health facility implements systems to ensure that adolescents are knowledgeable about their own health, and they know where and when to obtain health services.
Standard 2 Community Support	The health facility implements systems to ensure that parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents.
Standard 3 Appropriate Package of Services	The health facility provides a package of information, counselling, diagnostic, treatment, and care services that fulfils the needs of all adolescents. Services are provided in the facility and through referral linkages and outreach ^{*1}
Standard 4 Provider Competencies	Health-care providers demonstrate the technical competence required to provide effective health services to adolescents. Both healthcare providers and support staff respect, protect and fulfil adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgemental attitude and respect.
Standard 5 Facility Characteristics	The health facility has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents.
Standard 6 Equity and Non-Discrimination	The health facility provides quality services to all adolescents irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, sexual orientation or other characteristics.
Standard 7 Data and Quality Improvement	The health facility collects analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff is supported to participate in continuous quality improvement.
Standard 8 Adolescent Participation	Adolescents are involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care, as well as in certain appropriate aspects of service provision.

¹ Service provision in the facility should be linked, as relevant, with service provision in referral level health facilities, schools and other community settings.

⁴ World Health Organisation (2015). *Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Volume 1: Standards and criteria.* Switzerland: Author

Equitable - All young people are able to obtain the health services that are available

1. Young people and their family/wahaanau receive culturally appropriate care.

- All staff complete appropriate cultural competency training, including Maaori, Pacific and Asian
- Young people and their family/wahaanau are able to access cultural health support, advocacy, and translation services when appropriate



Comments:

2. Processes are in place to monitor the utilisation of the service by young people, and remove identified barriers.

- The service will see young people who are not ordinarily registered with them; acquires appropriate funding to subsidise services for young people; offers time payment options; does not refuse services when there is a debt to the service
- Young people are supported to apply for subsidy cards when appropriate (including assistance filling in forms) [e.g. Community Services Card; Prescription Subsidy Card; High Use Health Card]



Comments:

3. The health centre is a youth-friendly and welcoming environment for young people.

- Waiting areas have Free Wi-Fi where possible; pamphlets and posters dealing with youth specific health issues (including mental health and sexual health) and inclusive of a range of cultural groups (e.g. ethnicity, gender, sexuality); youth orientated reading materials; youth friendly version of the services confidentiality policy, and code of rights
- The service provides information about other local youth services, and arrangements for referral



Comments:

Accessible - *Young people are able to obtain the health services that are available*

4. The service is promoted to young people, local youth services, as well as other relevant professionals and organisations.

- *The promotional information is appropriate for young people, up to date, and reviewed regularly*
- *It is available in a variety of formats (e.g. online, pamphlets, posters, phone app)and languages*



Comments:

5. The physical environment is accessible to all young people.

- *Where there is a choice about service location, it is accessible by public transport*
- *There are a variety of options for clinical review (e.g. face to face, phone, text, or skype)*
- *Where possible, other relevant services for young people are co-located*
- *The facilities meet the New Zealand Standard of Design for Access and Mobility (NZS4121:2001) for adolescents with physical disabilities (standard AS 1428.3)*
- *Gender neutral toilet facilities are available*



Comments:

6. Outreach services are provided to address identified needs in the local community (e.g. School Based Services).



Comments:

Acceptable – *Young people are willing to obtain the health services that are available*

7. Processes are in place to ensure that young people’s views are included in service design and development.

- *The practice has a ‘Youth Champion’ and links with local youth advisory groups*
- *Young people are routinely included in patient experience surveys, consulted in relation to current services, and relevant new developments*



Comments:

8. There is a written policy on confidentiality and consent to treatment, the policy is up to date and consistent with current legislation and guidance.

- *Young people are not asked any potentially sensitive questions where they may be overheard for example in the reception, waiting areas, or ward environment*
- *Staff routinely explain the confidentiality policy to young people and to their family/whaanau in order to enable them to understand young people’s right to confidentiality and what can be achieved without parental or family involvement wherever this is considered to be therapeutically beneficial. Refusal of consent to family involvement is accepted unless there is serious risk to the young person’s welfare/wellbeing*



Comments:

9. Administration processes meet the needs of young people.

- *Young people can use the service at times convenient to them including afternoons, evening, weekends, and by drop in; waiting times for young people are kept to a minimum, and longer consultation times are provided when necessary*
- *Young people have independent and confidential access to ‘patient portals’*
- *When making and attending appointments, young people may express a preference about: who they are seen by; attending with a support person; who is present during discussion, examination, and treatment; the gender of the health professional they see*



Comments:

Appropriate – *The health services provided reflect the needs of young people*

10. Young people receive developmentally appropriate care that is responsive to their psychosocial health needs, promotes healthy lifestyles, and is responsive to different therapeutic needs such as those relating to gender, gender identity, sexual orientation, ethnicity, age, disability, religion and belief

- *Young people are routinely offered the opportunity to be seen in private without the presence of a parent or carer*
- *Smoking status is assessed as appropriate*
 - *Smoking ABC approach is provided*
- *Healthy eating and weight management is assessed as appropriate*
 - *BMI monitoring; Appropriate health screening for high risk patients; Appropriate referral to community based services, and secondary care*
- *Long term health needs are assessed as appropriate*
 - *Regular review; Liaison with secondary care as appropriate; Transition support as appropriate*
- *Substance misuse including alcohol is assessed as appropriate*
 - *Evidence based screening (e.g. SACS); Alcohol ABC approach is provided; Appropriate referral*
- *Mental health or emotional health and psychological wellbeing concerns are assessed as appropriate*
 - *HEEADSSS Assessment; Evidence based screening (e.g. PHQ-9) and risk assessment; Negotiated involvement of parent or caregiver of the young persons' choice; If eligible, advised about CCM Depression Programme; Treatment within General Practice if appropriate; Clear pathway for specialist mental health liaison and/or referral; Regular review*
- *Sexuality and reproductive health is assessed as appropriate*
 - *Education to support informed choices and decision making; Opportunistic sexual health screening and treatment; Accurate information about the full range of contraception, including reversible long-acting methods; Free condoms, with information and guidance on correct use; Emergency contraception; Confidential pregnancy testing; Accurate and unbiased information about pregnancy options and non-directive support; Referral for termination services; Referral for antenatal care*
- *Abuse and neglect is assessed as appropriate*
 - *Screening for child protection concerns and intimate partner violence; Clear pathway for liaison and/or referral*



Comments:

Effective - *The right health services are provided in the right way, and make a positive contribution to the health of young people*

11. All staff use a friendly and non-judgmental communication style with adolescent patients.



Comments:

12. Practice staff have received specific youth health training (e.g. Centre for Youth Health: HEEADSSS), and receive on-going training, supervision and support to work appropriately with young people.



Comments:

13. Planning care and involving family/whaanau is negotiated in partnership with young people.

- *E-shared care plans are developed with young people as appropriate*
- *In order for family/whaanau to discuss health issues with young people, they are provided with relevant information and support, in ways that are responsive to different cultures and religions*



Comments:

Youth Friendly Primary Care (Practice Plan Template)

Section one

Practice Name:	
Practice Sponsor:	
Clinical Youth Champion:	
Date of Climate Survey (year one):	
Date of Self-Assessment (year one):	
Date of Youth Primary Care Experience Survey:	
Aspects Identified for Improvement	Change Ideas

Section two

PDSA cycle	Outcomes

Youth Friendly Primary Care (PDSA Cycle Form)

Practice Name:	
Practice Sponsor:	
Planned Start Date:	Planned Finish Date:
PDSA #	PDSA Title:
Date of Initial Assessment:	
Objective for this PDSA Cycle	
This test will be used to # Develop # Prototype # Implement a Change	

Plan: *fill the sections below as part of planning*

Change Idea (briefly describe the change you plan to test)
Questions (what question do we want to answer on this PDSA cycle?)
Prediction (what do you think will happen?)
Prediction on Change:
Prediction on Question:
Data (what data will you need to test your prediction? how will you collect it?)

Task to be completed for test	Who	When	Where and How

Do: Carry out the change or test; collect data and begin analysis

What problems or unexpected events did you encounter?
Feedback and observations from the participants?

Study: complete analysis of data

What do the data show?
Was your prediction confirmed? If not what did you learn?
Compare the data to your predictions and summarize the learning

Act: decide the next step

Following this test, you will #Adopt #Adapt #Abandon this change?
What is your plan for the next cycle?